

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL -
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 9 — 0 0 1

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

§1902(a)

7. FEDERAL BUDGET IMPACT:

a. FFY 1999 \$ 0
b. FFY 2000 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

1 of Attachment 1.1-A
1 of Attachment 1.2-D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mary B. Kennedy

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

16. RETURN TO:

Ann Berg
Minnesota Department of Human Services
444 Lafayette Rd.
Saint Paul, MN 55155-3853

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3-30-99

18. DATE APPROVED:

8/16/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 1999

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

MINNESOTA
MEDICAL ASSISTANCE

Federal Budget Impact of State Plan Amendment TN 99-01
Attachment 1.2-D to the Minnesota Medicaid State Plan

The Department anticipates no fiscal impact due to proposed amendment TN 90-01.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Minnesota

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Minnesota Department of Human Services is the single State agency responsible for:
_____ administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

X supervising the administration of the plan by local political subdivisions and federally
recognized Indian tribes.

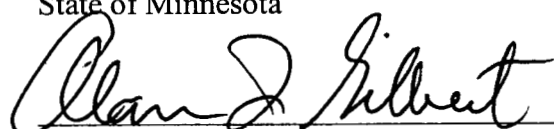
The legal authority under which the agency supervises the administration of the plan on a
State wide basis is contained in

_____ Minnesota Statutes sections 256B.04, subd. 1 and 256.01, subd. 2(1)(g)

The agency's legal authority to make rules and regulations that are binding on the
political subdivisions administering the plan is

_____ Minnesota Statutes section 256B.04, subd. 2

3/29/99
Date

Attorney General
State of Minnesota

Alan Gilbert
Chief Deputy Attorney General
Solicitor General

TN No. 99-01
Replaces
TN No. 86-30

Approval Date: _____

Effective Date: 1/1/99

State: Minnesota
Effective: January 1, 1999
TN: 99-01
Supersedes: 95-15

ATTACHMENT 1.2-D

Minnesota's Medical Assistance program is supervised by the State Department of Human Services (SDHS) and administered by the State's 87 county governments, and by American Indian Tribes with a reservation in the State who are federally approved to administer a TANF program and are under contract with SDHS to determine Medical Assistance eligibility. Local agencies are the administrative unit of county government and consist of 82 county human services agencies, and two multi-county human service agencies. The administrative unit of American Indian Tribes is the unit of tribal government designated in the contract.

Eligibility determinations are prepared by employees of those the local human services agencies and are ultimately approved by the local agency's director or county board. Eligibility determinations prepared by the American Indian Tribes are ultimately approved by the unit of tribal government designated by the Tribe. ~~These~~ The employees making eligibility determinations are commonly classified as financial workers. Worker job duties vary by entity county and individual intra-organizational structure. Normally, financial workers:

- provide preapplication advice and information to potential applicants;
- process applications for assistance and make determinations to be given final approval or denial by the appropriate higher authority (however, there is no delay in action from the time of a financial worker's determination);
- manage case maintenance activities, such as handling record keeping file changes, unanticipated changes in income or property of recipients;
- perform scheduled eligibility reviews;
- process case closings; and
- refer clients to other sources of assistance.